Resolution of Severe Haemodialysis Access-induced Distal Ischaemia Using a Femoro-axillary Bypass Graft

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Introduction: Elbow arterio-venous fistulas (AVFs) may lead to debilitating hand ischaemia, even after several years of successful haemodialysis. If impaired arterial inflow is identified as the cause of ischaemia, endovascular techniques are usually successful in restoring hand perfusion.

Report: This paper reports of a patient with severe haemodialysis access-induced distal ischaemia (HAIDI) due to subclavian artery occlusion 5 years after AVF construction. As both endovascular and open carotid or subclavian surgical techniques were contra-indicated, recovery from hand ischaemia was achieved by the use of a femoro-axillary bypass graft.

Discussion: The common femoral artery is a viable alternative inflow location for bypass grafting in HAIDI if commonly used upper body arterial sources are less suitable or unavailable.

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A Case of Sciatic Arterio-venous Malformation

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A persistent sciatic artery is a rare congenital anomaly. On the other hand, a persistent sciatic vein is frequently associated with Klippel—Trenaunay syndrome. However, co-existence of both conditions is extremely rare. An 84-year-old woman was referred to our department for swelling of the unilateral lower extremity. Her internal iliac artery angiogram revealed persistence of both sciatic artery and dilated meandered sciatic vein. Furthermore, the sciatic artery connected with the dilated meandered sciatic vein directly through 'nidus' without a capillary connection. This is the first case of sciatic arterio-venous malformation.

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